

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

0041140

DOCUMENT # L00000004621

1. Entity Name
MBS MARKETING & BUILDING COMPANY, LLC

05-22-2002 90270 022 ****55.00

Principal Place of Business Mailing Address
8680 SW HIGHWAY 200 **8680 SW HIGHWAY 200**
OCALA FL 34481 **OCALA FL 34481**

2. Principal Place of Business 3. Mailing Address
1217 SE 7th Street **1217 SE 7th Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Ocala, Florida **Ocala, Florida** **59-3661281** **NOT APPLICABLE** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required
34471 **USA** **34471** **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZACCO, CHRIS
8680 SW HIGHWAY 200
OCALA FL 34481

Name **Chris Zacco**
 Street Address (P.O. Box Number is Not Acceptable)
1217 SE 7th Street
 City **Ocala, FL** Zip Code **34471**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Chris Zacco** **1-24-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZACCO, CHRIS 8680 SW HIGHWAY 200 OCALA FL 34481 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Zacco, CHRIS 1217 SE 7th Street Ocala, FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Chris Zacco** **MANAGER** **(352) 875-7667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)